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D2947

Job Sheet 182089



Part No: D2947

Job Qty: 20 ea 21 23

Part Name: Clamp



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 8/17/18

Job Tracking No:

Due Date: 8/22/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV A1 IPP: A 00.01.14 New issue EC IPP Rev:B No longer made in house 07-06-11 JLM IPP REV:C 11.08.08. MADE IN HOUSE DD VERF :EC

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off            |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|---------------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                     |
| 90    | Start up Operation | 20 Ea  | 8/22/18    | 8/22/18  | 0.00      | 0.00    | Start Up Waterjet     |           | 21 18/08/21         |
| 100   | Waterjet           | 20 pcs | 8/22/18    | 8/22/18  | 0.00      | 0.73    | Waterjet1             |           | 21 18/08/21         |
| 110   | QC                 | 20 pcs | 8/22/18    | 8/22/18  | 0.00      | 0.00    | QC2 Waterjet-1        |           | 21 18/08/21         |
| 120   | QC                 | 20 pcs | 8/22/18    | 8/22/18  | 0.00      | 0.00    | QC8-1                 |           | AUG 22 2018 38 9-89 |
| 130   | Brake NC           | 20 pcs | 8/22/18    | 8/22/18  | 0.01      | 0.80    | Brake NC 2            |           | DAS                 |
| 150   | QC                 | 20 pcs | 8/22/18    | 8/22/18  | 0.00      | 0.00    | QC5                   |           | AUG 27 2018 68      |
| 160   | Packaging          | 20 pcs | 8/22/18    | 8/22/18  | 0.00      | 0.00    | Packaging3            | 54542 00  | AUG 27 2018 989     |
| 170   | QC21-SA            | 20 Ea  | 8/22/18    | 8/22/18  | 0.00      | 0.00    | QC21                  |           | DAS 21 9-89         |

Part Op  
Descriptions: 100 - 1-Cut as per Dwg

### Job BOM

| Part / Item | Component Name     | Quantity            | Operation             | Container |
|-------------|--------------------|---------------------|-----------------------|-----------|
| M304S16GA   | 304/316 Sheet .063 | 1.2400 sf (.062 ea) | 90-Start up Operation | 5080376   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M304S16GA      | 1        | 65        | 0         |

### Part Specifications

| Spec No | Description | Target/Tolerance               | Limits         | Type     | Special Comments |
|---------|-------------|--------------------------------|----------------|----------|------------------|
| 1       | Clamp       | 0.257Inches + 0.006<br>- 0.001 | 0.263<br>0.256 | Diameter |                  |
| 2       | Clamp       | 0.400Inches ± 0.030            | 0.430<br>0.370 |          |                  |
| 3       | Clamp       | 9.312Inches ± 0.010            | 9.322<br>9.302 |          |                  |
| 4       | Clamp       | 0.750Inches ± 0.030            | 0.780<br>0.720 |          |                  |
| 5       | Clamp       | 0.063Inches ± 0.010            | 0.073<br>0.053 |          |                  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                       |                          |                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------|-----------------------------------------------|
| <b>Work Order:</b> _____<br><b>Part No.</b> _____<br><b>NCR No.</b> _____                                                                                                                                             |                          | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>As-is <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |                          |                                                |                                               |
| <b>Date :</b> _____                                                                                                                                                                                                   |                          | <b>St</b> _____                                                                                                           |                          | <b>QTY Effective :</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | <b>MRB (QSI042) Approval</b>                   |                                               |
| <b>Description Work</b>                                                                                                                                                                                               |                          |                                                                                                                           |                          | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                |                                               |
| <div><br/>Container No: S104073<br/>Part: D2947<br/>Job No: 182089<br/>Serial No/Batch: S104073<br/>Revision: _____<br/>Inspector: _____<br/>Exp Date: _____<br/>Instructions: Various STC's<br/>Date: 08/21/18</div> |                          |                                                                                                                           |                          | <b>Completed By</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                |                                               |
|                                                                                                                                                                                                                       |                          |                                                                                                                           |                          | <b>Lead hand / Supervisor Approval Verification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                |                                               |
|                                                                                                                                                                                                                       |                          |                                                                                                                           |                          | <b>QC / QA Coordinator Approval</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                |                                               |
| <b>Root Cause</b>                                                                                                                                                                                                     |                          |                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                |                                               |
| Environment <input type="checkbox"/>                                                                                                                                                                                  | <input type="checkbox"/> | No Re-verification <input type="checkbox"/>                                                                               | <input type="checkbox"/> | Bend <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | Material Loss/Surge <input type="checkbox"/>   | Positioned Wrong <input type="checkbox"/>     |
| Design <input type="checkbox"/>                                                                                                                                                                                       | <input type="checkbox"/> | Operator <input type="checkbox"/>                                                                                         | <input type="checkbox"/> | Centre Not <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | Ratio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>                                                                                     | <input type="checkbox"/> | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                | <input type="checkbox"/> | Supplier <input type="checkbox"/>                                                                                         | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |
| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                 | <input type="checkbox"/> | Training <input type="checkbox"/>                                                                                         | <input type="checkbox"/> | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |
| Material <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/> | Use for Testing <input type="checkbox"/>                                                                                  | <input type="checkbox"/> | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/> | Poor Information <input type="checkbox"/>                                                                                 | <input type="checkbox"/> | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |
| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | Rushing <input type="checkbox"/>                                                                                          | <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |
| LOA <input type="checkbox"/>                                                                                                                                                                                          | <input type="checkbox"/> | Product Improvement <input type="checkbox"/>                                                                              | <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>                                                                                                                                                                                   | <input type="checkbox"/> | Process Improvement <input type="checkbox"/>                                                                              | <input type="checkbox"/> | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |
| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/>                                                                            | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> |                                                |                                               |
| Misidentified <input type="checkbox"/>                                                                                                                                                                                | <input type="checkbox"/> | Past Due <input type="checkbox"/>                                                                                         | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> |                                                |                                               |